



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Committee to Re-elect Judge Gill				
Full Name of Contributor Joseph Kelly *			Registration Number, if PAC	
Street Address 136 W. Mound St.		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43215	Amount \$150.00
Form: Cash, Check, etc PAYPAL				
Full Name of Contributor Catherine White *			Registration Number, if PAC	
Street Address 145 E Livingston Avenue		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43215	Amount \$100.00
Form: Cash, Check, etc PAYPAL				
Full Name of Contributor Treneff, Cozza Law, LLC *			Registration Number, if PAC	
Street Address 155 Commerce Park Drive, Suite 5		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Westerville		State OH	Zip Code 43082	Amount \$1,000.00
Form: Cash, Check, etc PAYPAL				
Full Name of Contributor Margaret Blackmore			Registration Number, if PAC	
Street Address 580 S. High Street, Suite 120		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43215	Amount \$300.00
Form: Cash, Check, etc SQUARE				
Full Name of Contributor Kendra Carpenter *			Registration Number, if PAC	
Street Address 2000 W. Henderson Rd		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43214	Amount \$150.00
Form: Cash, Check, etc SQUARE				
Full Name of Contributor Nick Coe			Registration Number, if PAC	
Street Address 651 Grant Ave		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43206	Amount \$600.00
Form: Cash, Check, etc SQUARE				
Full Name of Contributor Anna Coe			Registration Number, if PAC	
Street Address 651 Grant Ave		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43206	Amount \$600.00
Form: Cash, Check, etc SQUARE				

Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]
Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

* connotes court appointed expert or attorney/GAL list

** relative of court employee

Total Contributions This Event

Total Expenses This Event

Page Total: \$ 2900